

HCS HB 2029 -- STEP THERAPY FOR PRESCRIPTION DRUGS (Hoskins)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

This bill changes the laws regarding step therapy protocols for prescription drugs. In its main provisions, the bill:

(1) Delineates findings of the legislature that note the need for patients to be exempt from step therapy protocols if not in the patient's best interest; the need for patients to have access to a fair, transparent, and independent process for requesting exemptions; and the need for patients and health care providers to receive a timely determination regarding an exemption from step therapy protocols;

(2) Requires the patient and prescribing practitioner to have access to a readily accessible process to request a step therapy override exception determination if coverage of a prescription drug for the treatment of any medical condition is restricted for use by a health carrier, health benefit plan, or utilization review organization via a step therapy protocol. A health carrier, health benefit plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement;

(3) Requires an override exception request to be expeditiously granted under certain circumstances as specified in the bill;

(4) Requires the health carrier, health benefit plan, or utilization review organization, upon the granting of an override exception request, to authorize dispensation of and coverage for the prescription drug prescribed by the patient's treating health care provider, provided the drug is a covered drug under the policy or contract;

(5) Requires the health carrier, health benefit plan, or utilization review organization to acknowledge receipt of a step therapy override exception request or appeal and indicate if additional information is needed within 36 hours of receipt and grant or deny the exception request or appeal within three business days of receipt of the request, appeal, or additional information. If exigent circumstances exist, such entity must acknowledge receipt of a step therapy override exception request or appeal and indicate if additional information is needed within 12 hours of receipt and grant or deny the exception request or appeal within one business day of receipt of the request, appeal, or additional information. Failure to timely grant or deny the override exception or appeal must result in granting of the override exception request;

(6) Prohibits the provisions of the bill from being construed to prevent certain actions as specified in the bill;

(7) Requires the Department of Insurance, Financial Institutions and Professional Registration to enforce the provisions of the bill; and

(8) Requires the provisions of the bill to apply only to health insurance and health benefit plans delivered, issued for delivery, or renewed on or after January 1, 2017.